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JOHN M. HOUSTON
COMMISSIONER

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To: Alabama Hospital CEO's

From: Richard Powers, M.D.
Medical Director
Alabama Department of Mental Health

Re: Improving procedures for transfer of patients from community hospitals to state psychiatric hospitals effective February 1, 2010

Over the last several years, the Alabama Department of Mental Health has observed an increasing number of patients being transferred to state psychiatric hospitals under court commitment without adequate medical information and/or without appropriate medical stabilization. This problem has multiple causes and is a matter of concern in terms of patient care.

Therefore, after careful consideration, we are implementing a process that should provide better continuity of care and enhanced patient outcomes, and we wanted to share our thoughts and plans with our private sector partners. Beginning on February 1, 2010, we will ask all transferring hospitals to complete the attached form and provide any additional documentation necessary to aid in the transfer. In addition, in order to clarify the limits of acute health care services provided through the state mental health system, we have constructed admission guidance that defines medically inappropriate admissions to our facilities (also attached).

This letter provides additional details regarding the reasons for implementing the new procedure, as well as how we hope it will operate. Should you have any questions, please do not hesitate to contact me directly, either by phone or e-mail.

More background: Our Clinical Directors report an increased number of patients transferred from outside hospitals under court commitment with inadequate healthcare records to safely care for these individuals. A small but important group of patients will arrive with few or no medical records while suffering from serious, potentially life-threatening, physical illnesses. We also note a slow, steady increase in the number of patients admitted with acute medical problems that require in-patient medical services such as sepsis, acute respiratory failure, stage four decubiti, and women with late term, complicated pregnancies. Patient advocacy groups are now raising concerns about the transfer of medically unstable patients to psychiatric hospitals.

Research shows that persons with serious mental illness suffer with a reduced life expectancy. Proper, accurate healthcare is essential to assuring total recovery for the patient. Inadequate or incomplete medical records diminish the quality of healthcare for that individual and may increase the potential for life threatening mistakes.

The number of patients admitted to the Department of Mental Health who require specialized care such as wound debridement, medical assistive devices or complex medical intervention for conditions such as chronic obstructive pulmonary disease is growing. The continuity of care for these individuals is essential. Timeliness is also essential as our hospitals may need to obtain equipment or services not routinely available through the facility. The transfer of patients without adequate medical records produces distress for both the patient and the patient's families.

Our Joint Commission surveyors have consistently mentioned the need to assure adequate medical documentation from the referring facility and repeatedly reminded us that transfer under commitment does not change the requirement for proper communication under the national patient safety standards. Likewise, it is the responsibility of the sending facility to assure that a patient is appropriately medically stabilized for care in a free-standing psychiatric hospital.

New transfer protocol: To address these problems, our clinical leadership has designed a new transfer document to assure continuity of care and appropriateness of admission (see attached). This document includes a list of basic essential medical records required to safely care for patients transferred from other facilities under court commitment. We will ask the doctor who is responsible for the transfer from the community hospital to the state psychiatric hospital to complete this transfer form on each patient sent to our facilities. We intend to begin implementing this form on February 1, 2010. In addition, in order to clarify the limits of acute health care services provided through the state mental health system, we have constructed admission guidance that defines medically inappropriate admissions to our facilities (also attached). We have discussed this matter with the probate judges, community mental health center leadership and advocacy leadership within the state.

Hospitals will not be penalized for holding patients to complete medical treatments that assure medical stabilization. Patients will not lose their place on the waiting list if the hospital chooses to hold the patient for further medical care as long as the sending physician calls the receiving hospital to provide this information. We strongly encourage the referring physicians to contact the clinical director for their state hospital with any questions about medical appropriateness or continuity of care (see attachment).

Like our private-sector partners, the state hospitals continue to see an increasing number of patients, and we want you to know that we could not care for these patients without the cooperation of our colleagues in the community. While the medical record documentation problem has grown in significance over the last year, we want to express our great appreciation to all of the hospitals that have continued to provide us excellent transfer records in order to assure proper care. We greatly appreciate your devotion to efforts that enhance the safety and welfare of patients and that allay the concerns of devoted family members. We anticipate that this process will require several months for consistent implementation. We will work with our colleagues throughout the state during the educational phase of the implementation.

Again, should your staff have any questions or concerns about this new process, please contact me.